



MILWAUKEE COUNTY SENIOR DINING REGISTRATION

MILWAUKEE COUNTY
Department on Aging

☐ NEW ☐ ANNUAL REVIEW SITE: _____ DATE: _____

FIRST NAME:		MI:	LAST NAME:		SUFFIX: JR SR I II III
ADDRESS:			CITY:	STATE:	ZIP:
DOB:		PHONE:		EMAIL:	
MARITAL STATUS:		GENDER:	RACE:		ETHNICITY:
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White (Non-Hispanic, Non-Minority) <input type="checkbox"/> White-Hispanic <input type="checkbox"/> Other _____		<input type="checkbox"/> HISPANIC / LATINO <input type="checkbox"/> NOT HISPANIC / LATINO
				DO YOU LIVE ALONE? <input type="checkbox"/> NO <input type="checkbox"/> YES	
				MILITARY/VETERAN? <input type="checkbox"/> NO <input type="checkbox"/> YES	

2018-2019 INCOME LEVEL: (Your response will not impact your eligibility)

For **one** person household: is your income below **\$1,011/month (\$12,140 annually)**? ☐ NO ☐ YES

For **two** person household: is your income below **\$1,371/month (\$16,460 annually)**? ☐ NO ☐ YES

NUTRITION SCREEN		YES
1	An illness or condition changes the kind and/or amount of food I eat.	2
2	I eat fewer than 2 meals a day.	3
3	I eat few fruits, vegetables or dairy products.	2
4	I have 3 or more drinks of beer, wine or liquor almost every day.	2
5	Tooth or Mouth problems make it hard to eat.	2
6	I don't always have enough money to buy the food I need.	4
7	I eat alone most of the time	1
8	I take 3 or more prescribed or over-the-counter drugs.	1
9	Without wanting to, I lost or gained 10 pounds in the last 6 months.	2
10	I'm not always able to shop, cook or feed myself.	2

UNDER 60? Which Makes you Eligible?

☐ Active Volunteer

☐ Spouse of Active Diner

☐ Disabled, Live in Dining Site

☐ Disabled, Live with Active Diner

HOW DID YOU HEAR ABOUT US?

☐ Friend/Family

☐ Health Provider

☐ Church

☐ Internet Search

☐ Menu in Paper

☐ Facebook

☐ Other _____

NUTRITION RISK LEVEL:

0-2 LOW

3-5 MODERATE

6+ HIGH

TOTAL: _____

DATE MOCA RECEIVED: _____

SAMS ENTRY DATE: _____

MOCA STAFF: _____

EMERGENCY CONTACT: _____ **RELATIONSHIP:** _____ **PHONE:** _____

Privacy Statement: "The information you are being asked to provide is needed to determine if you are eligible to receive Older Americans Act Services and to comply with federal reporting requirements. This information will be stored in a secure electronic database and will not be used for any other purpose. Your information will not be shared with another agency without your permission. This information will not be sold to anyone. You have the right to review your electronic record and request changes to assure accuracy. You will not be denied most services if you refuse to provide this information. If you have questions regarding this, please ask the aging unit staff."

REVISION: OCTOBER 19, 2018 LO